

## **COMMITTEE ON DENTAL AUXILIARIES**

The Dental Board of California 2005 EVERGREEN STREET, SUITE 1050, SACRAMENTO, CA 95815 TELEPHONE (916) 263-2595 FAX (916) 263-2709 www.comda.ca.gov



## Re-Examination Application Registered Dental Assistant in Extended Functions (RDAEF) or Registered Dental Hygienist in Extended Functions (RDHEF)

Re-Examination Fee - \$250 Submit a 1-1/2" x 1-1/2" color photo	FOR OFFICE USE ONLY
Write in preferred month and exam location: □ San Francisco □ Los Angeles Month/Year	Rec. # File #
Type or Print the following neatly - Answer ALL Questions	
1. *SOCIAL SECURITY # BIRTHDATE	
2. LAST NAME	ith Day Year
3. FIRST NAME MIDDLE NAME	
4. ADDRESSApt. c	or Unit#:
5. CITY STATE	ZIP
6. TELEPHONE NUMBERS: Home () Work (	
7. PRIOR EXAMINATION: Date and site of last examination:    Month/Year	
8. Since the last Application you filed, have you (a) engaged in the illegal use of controlled dangerous substances; (b) been convicted of, pled guilty, or pled nolo contendere to a criminal, offense, other than a minor traffic violation in any state, the United States, or country, or applied for or been licensed to practice dental assisting, dental hygiene, do or any other health profession in any state or foreign country? (If the answer is "Yes MUST provide complete details on the reverse or a separate sheet.)	any YES NO r a foreign entistry,
9. EXECUTION OF APPLICATION ALL APPLICANTS MUST READ, SIGN AN I am the applicant for examination for licensure as a Registered Dental Assistant in Exter Hygienist in Extended Functions. I have carefully read the questions in the foregoing appropriately, fully and completely. I certify under penalty of perjury under the laws of the Statrue and correct.	nded Functions or Registered Dental plication and have answered them
Signed in on theo	of, 20 month year

10. Space for additional answers to Application questions (list the number of the question being answered):	

## Notice on Collection of Personal Information

Collection and Use of Personal Information. The Committee on Dental Auxiliaries of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Sections 1742 and 1753, and California Code of Regulations Sections 1076 and 1077. The Committee uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses, enforce licensing standards set by law and regulation.

**Mandatory Submission.** Submission of the requested information is mandatory. The Committee cannot consider your application for licensure unless you provide all of the requested information.

Access to Personal Information. You may review the records maintained by the Committee that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250 and following);
- To another government agency as allowed or required by state or federal law; or
- In response to a court or administrative order, subpoena, or search warrant.

\*Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 U.S.C.A. 405 (c)(2)(c) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, and for purposes of compliance with any judgment or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100.00 penalty against you.

Contact Information. For questions about this notice or access to your records, you may contact the Committee on Dental Auxiliaries, 2005 Evergreen Street, Suite 1050, Sacramento, CA 95815, 916-263-2595. For questions about the Department of Consumer Affairs' privacy policy or the Information Practices Act, you may contact the Office of Privacy Protection in the Department of Consumer Affairs, 400 R Street, Sacramento, CA 95814, (866) 785-9663 or email privacy@dca.ca.gov.